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The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

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* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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An overview of public health in the Islamic Republic of Iran

The Islamic republic of Iran as an upper middle-income country with 62 percent of population under 30 year of age, is now within its "demographic window of opportunity" with the best chances to an all-round growth including health as a pillar of sustainable development.

In his report to this council, on unhealthy foods, non-communicable diseases (NCD) and the right to health, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health emphasized that "States should formulate and implement a national public health strategy and plan of action to address diet-related NCDs, which should be widely disseminated."[1]

This report highlights the situation of public health and NCD in the Islamic Republic of Iran (Iran). It is estimated that NCD are responsible for 72% of all deaths, beyond 14% from injuries and less than 13% from communicable, maternal, prenatal and nutritional conditions[2].

Communicable Diseases

In relation to the 13% of mortalities, risks from outbreaks of communicable diseases are still a real threat. Due to the population movement from neighboring countries endemic of poliomyelitis, malaria, tuberculosis, and cholera in special circumstances can increase the mortality rate, especially among people aged 0-45 years. For example, in 2009, around 10,000 tuberculosis cases were identified mainly among marginalized populations. Multi-drug resistant tuberculosis is a challenge especially in cross border areas.

In addition, injecting drugs remains the most important cause of transmission of HIV in the Iran (69.7 percent).

Injuries

In relation to the 14% of deaths, (around 50,000 lives each year) caused by injuries, the Islamic Republic of Iran is among the most disaster-vulnerable countries in the world, with floods, drought and earthquakes being the most frequent natural disasters. Ninety seven percent of the country is located on major fault lines and upon official statistics more than 120, 000 of people have lost their lives due to earthquakes in the past two decades.

The road injuries are the ninth cause of death, bringing about 1.3 million deaths worldwide[3]. In the Islamic republic of Iran this is the third cause of death with 18,000 deaths in 1392 (2013-14), which is about 50% more than global rate.[4]

Non-communicable Diseases

According to WHO, in 2005, 7% of the population (approximately 5 million people) were estimated to live under the calorie-based poverty line threshold. In 2010, an estimated 15-27 million[5] Iranians (approximately 20%-37%) lived under a relative income- poverty line[6].

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[1] A/HRC/26/31

[2] http://www.who.int/nmh/countries/irn_en.pdf

[3] http://www.who.int/mediacentre/factsheets/fs310/en/

[4] http://www.lmo.ir/uploads/m_ts.92_pdf.pdf

[5] http://www.alef.ir/vdcce4qi12bqsp8.ala2.html?218563

In the first 2 years of Iran's Subsidy Reform Plan, (2010-2012) the price of basic foods increased five folds, while people's purchasing power declined dramatically. Consumption of basic foods decreased up to 18%, milk and dairy products 42%[7].

a- Obesity

Like other countries which have reached a per-capita gross domestic product of US$ 2,500, in Iran obesity is more prevalent in the lower-income levels than higher-income groups and consumption of unhealthy foods is high, both among the lower income and lower levels of education.

Between 1980-2008, in Iran the mean body mass index has grown among males from approximately 23 kg/m^2 to 25 kg/m^2 (46.0% overweight and 12.4% obesity) and females from 23 kg/m^2 to 27 kg/m^2 (56.8% overweight and 26.5% obesity).

IRI is ranked among the lower middle income group countries (US$ 10,695 GNI per capita in 2012) with 77, 518, 000 population in April 2014[8].

b- Air pollution

Along with overweight/obesity which predisposes or is associated with numerous NCDs including cardiovascular diseases (CVD), type 2 diabetes, hypertension, certain cancers, sleep apnea/sleep-disorder-breathing, venous insufficiency, venous thrombosis, pulmonary diseases and pulmonary embolus and stroke[9], air pollution is also a contributory factor as well as the cause of such diseases.

In 2010, according to WHO's urban air quality database which covers 1600 cities across 91 countries including Tehran, Khorram Abad and Ahvaz , the annual mean of PM[10] 2.5 (fine particles) and PM 10 in these cities were 30, 102, 70 and 91,121,320 mcg/m3 respectively.

However, the maximal targeted limit for the first is10 mcg/m3 and for the latter 25 mcg/m3 according to WHO.[11]

Ahvaz, one of the above named cities, is ranked at the top of 10 most polluted cities in the world[12]. In the autumn 2013, emergency wards in Ahvaz hospitals were filled with thousands of patients who had suffered from breathing problems.[13,14] Some local media reported acid rain has caused 20,000 people to become ill in only one month.[15] Sulfuric acid associated gas from oil production and nitrates from the petroleum industry and from post-harvest burning of stubble on sugar cane plantations are likely to be the causes of the acid rains in this city. According to statistics[16] between 2004-2009, cases of cancer among Ahvaz population increased dramatically. According to director of Shafa hospital in Ahvaz, between 2007-2008 the rate of cancer increased 5 folds but further information is hard to access as publication of data and statistics regarding cardiovascular, cancer and other diseases related to air pollution had been banned by the authorities in the Ahvaz province.

c- Asbestos

[6] http://khabaronline.ir/%28X%281%29S%28fzkoke015hoeqfy5gibaew1uk%29%29/detail/224499/Economy/1379

[7] http://www.hamshahrionline.ir/details/259689

[8] http://www.farsnews.com/newstext.php?nn=13930216001166

[9] http://atvb.ahajournals.org/content/26/5/968.full

[10] Atmospheric particulate matter

[11] http://whqlibdoc.who.int/hq/2006/WHO_SDE_PHE_OEH_06.02_eng.pdf

[12] http://science.time.com/2013/10/18/the-10-most-polluted-cities-in-the-world/

[13] A/HRC/25/NGO/169

[14] http://observers.france24.com/content/20131129-acid-rain-ahvaz-poisons-thousands-iranians-pollution-air-iran-khuzestan-breathing-respiratory-environment

[15] http://www.ahwaziarabs.info/2013/11/thousands-hospitalised-in-ahwaz.html

[16] http://www.bbc.co.uk/persian/iran/2014/01/140128_nm_khouzestan_cancer.shtml

One of the most dangerous "fine" particles to which man is exposed to is asbestos dust. Asbestos is a set of six naturally occurring minerals used in automobile brake pads, clutch discs and construction buildings. Inhalation of asbestos fibers has been linked to lung cancer and other serious respiratory diseases. Although as of this year (2014), most vehicle manufacturers stopped use of asbestos. However, many used spare parts in the world contain asbestos and some vehicle producers in Iran and China (the country which exports many vehicles to Iran) still use asbestos in their production.
A research done by a medical science university in Iran shows that the existing asbestos of Tehran's air is 300 times more than other cities and the amount of asbestos in the lungs of the traffic police personnel is 4 times more than that of Tehran's air.[17]

d- Gasoline and petrol

A rushed effort to produce petrochemical gasoline and petrol to provide the country's needs by the former government of Islamic Republic of Iran caused another case of dangerous air pollution source in the Iranian cities. This kind of products contain up to 35 times more benzene than normal gasoline.[18]
Human exposure to benzene is associated with a range of health effects and diseases, including cancer and aplastic anemia.[19]

e- Satellite jamming

Satellite jamming is a pervasive reality in Iran. IRI have used both orbital and terrestrial jamming to censor free expression and access to information. Portable terrestrial jammers have a range of 3-5 kilometers in urban areas.[20] Although Iranian authorities have never divulged the exact strength of the frequencies, it is proved that some jamming have the frequencies more than one gigahertz.[21]
While the Iran's Parliamentary health commission, believes dizziness, mental and nervous disorders to be common side- effects of jamming,[22] only recently Iran's health ministry has set up a committee to investigate whether the state's jamming of satellite signals could pose a health risk to citizens.[23]

Iran's commitments

The United Nations Development Assistance Framework (UNDAF) for the IRI as the result of a consultative process between the Government of Iran and the United Nations Country Team, guided by the goals and targets of the Fifth Five Year National Development Plan 2011 2015, as well as by the Millennium Development Goals (MDGs), proposed a plan of action to interfere five inter related priority areas with focus on strengthened capacity development, South South cooperation to benefit from sharing of best practices and experiences; transfer of science and technology and collection of quality data for more evidence based decision making. The five priority areas are: Poverty Reduction, Health, Environmentally Sustainable Management, Disaster Risk Reduction and Management, and Drug Prevention and Control[24].

[17] http://www.iew.ir/1392/03/04/9371
[18] http://iranwire.com/blogs/6275/4766/
[19] http://www.who.int/ipcs/features/benzene.pdf
[20] http://ebtekarnews.com/Ebtekar/Article.aspx?AID=12219
[21] http://www.tabnak.ir/fa/news/72031
[22] http://mardomsalari.com/template1/News.aspx?NID=65940
[23] http://www.theguardian.com/world/2014/feb/05/iran-health-risk-jamming-signals-cancer
[24] http://www.undg.org/docs/12167/UNDAF-final-version-signed-27-Sep-2011.pdf

According to this agreement, the government of Iran must reduce inequality to a Gini coefficient of from 0.4 to 0.3 by the end of the Fifth Five Year NDP period. While access to health care services is formally almost universal, Primary Health Care (PHC) in urban areas is 40 percent, in shanty towns it falls to 9 percent. Twenty five Rapid changes in the demographic and epidemiological profile in urban and shanty town and rural areas have highlighted the importance of strengthening the PHC system.

Recommendations:

1- Eradication of communicable diseases,
2- Improving road safety,
3- Improving country infrastructure against natural disasters,
4- Equal distribution of wealth with a view to eradicate poverty in practice,
5- Improvement in the health care services to provide universal health care,
6- Enable the World Health Organization to determine the actual frequency emissions, emanating from terrestrial jamming in Iran, and the associated health risks to the civilian population.